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Bib Data Sheet

CONFIRMATION

<b>SERIAL NUMBER</b> 09/770,562	<b>FILING DATE</b> 01/26/2001 <b>RULE</b>	<b>CLASS</b> 347	<b>GROUP ART UNIT</b> 2853	<b>ATTORNEY DOCKET NUMBER</b> PC9674AJT
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## APPLICANTS

 William J. Curatolo, Niantic, CT;  
 Scott M. Herbig, East Lyme, CT;  
 James A.S. Nightingale, Bend, OR;

## \*\* CONTINUING DATA \*\*\*\*\*

 THIS APPLICATION IS A CON OF 09/131,019 08/07/1998 ABN  
 WHICH CLAIMS BENEFIT OF 60/055,221 08/11/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 04/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 1	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner Signature Initials				

## ADDRESS

 Gregg C. Benson  
 Pfizer Inc.  
 Patent Department, MS 4159  
 Eastern Point Road  
 Groton, CT 06340

## TITLE

Solid pharmaceutical dispersions with enhanced bioavailability

<b>FILING FEE RECEIVED</b> 2058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing & time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit

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**CONFIRMATION NO. 8513**

SERIAL NUMBER 09/770,562	FILING DATE 01/26/2001  RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. PC9674AJTJ
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**APPLICANTS**

William J. Curatolo, Niantic, CT;

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**\*\* CONTINUING DATA \*\*\*\*\***
 This application is a CON of 09/131,019 08/07/1998 ABN  
 which claims benefit of 60/055,221 08/11/1997  
*bf*
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/27/2001  
*bf* *NINE*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MAH</i> Examiner's Signature Initials	STATE OR COUNTRY CT	SHEETS DRAWING 1	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
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**TITLE****SOLID PHARMACEUTICAL DISPERSIONS WITH ENHANCED BIOAVAILABILITY**

FILING FEE  RECEIVED 3384	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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